Form 424 (Revised 05/11)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512/463-5709

Filing Fee: Secinstructions



Certificate of Amendment

This space reserved for office use.

FILED In the Office of the Secretary of State of Texas

MAY 0 2 2022

Corporations Section

Entity Information

The name of the filing entity is:		
Concordia University Texas		
State the name of the entity as currently shown in the rec of the entity, state the old name and not the new name.	ords of the secretary of state. If the amendment changes the name	
The filing entity is a: (Select the appropriate entity type	below.)	
For-profit Corporation	Professional Corporation	
✓ Nonprofit Corporation	Professional Limited Liability Company	
Cooperative Association	Professional Association	
Limited Liability Company	Limited Partnership	
The file number issued to the filing entity by the The date of formation of the entity is: April 28	•	
Amendments		
	nended Name o change the name of the entity, use the following statement)	
The amendment changes the certificate of form filing entity. The article or provision is amended	ation to change the article or provision that names the d to read as follows:	
The name of the filing entity is: (state the new r	name of the entity below)	
The name of the entity must contain an organizational designati	on or accepted abbreviation of such term, as applicable	

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

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	legistered Agent rB, but not both. Also co	omulate C i
A. The registered agent is an organization		-
OR B. The registered agent is an individual in	resident of the state v	whose name is:
First Nome M.I.	Lost Name	Suffix
The person executing this instrument affirm has consented to serve as registered agent.	s that the person de	
C. The business address of the registered age	ent and the registered	office address is:
		TX
Street Address (No P.O. Box)	City	State Zip Code
3. Other Added, A	Altered, or Deleted	Provisions
Other changes or additions to the certificate of format is insufficient, incorporate the additional text by proviform for further information on format.		
Text Area (The attached addendum, if any, is incorporated her	rein by reference.)	
Add each of the following provisions to the reference of the added provision and the full		ation. The identification or
II. Concordia University Texas is organized exclupurposes, including, for such purposes, the makin organizations described under Section 501(c)(3) of future federal tax code.	ig of distributions to or	ganizations that qualify as exempt
311-		
Alter each of the following provisions of reference of the altered provision and the full		
7 Delete each of the provisions identified by	alow from the continu	rate of formation
✓ Delete each of the provisions identified be	ciow from the certific	Cate-Or IOI marion.
II. The purpose for which, this corporation is fore institution.	ned is for the support a	and maintenance of an educational

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

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Effectiveness of Filing (Selectenther A. B. or C.)

A. This document becomes effective when the document is filed by the secretary of state.
B. This document becomes effective at a later date, which is not more than ninety (90) days from
the date of signing. The delayed effective date is:
C. This document takes effect upon the occurrence of a future event or fact, other than the
passage of time. The 90th day after the date of signing is:
The following event or fact will cause the document to take effect in the manner described below:
Execution
The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.
Date: May 2, 2022
Ву:
Dr. Donald (Unistian
VV. YOULDE LEVINENCE
Dr. Donald Christian, President & CEO
Printed or typed name of authorized person (see instructions)

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